

# **KANSAS DEPARTMENT OF TRANSPORTATION**

## **Collection Site Passport**

**\*\*Billing Account #: 6201 27600\*\***

(State of Kansas Alcohol and Controlled Substance Testing Program for Commercial Drivers)

**Donor Name:** \_\_\_\_\_  
(donor must have picture ID to show to collection site personnel)

**Donor Social Security #:** \_\_\_\_\_

**Collection Site ~ Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**APPOINTMENT DATE/TIME:** \_\_\_\_\_

**Type of Federal DOT test(s) to be conducted:**

- ☐ DOT drug test (NIDA/DOT 5 panel)  
☐ DOT alcohol test (breath collection)

**Reason for Federal DOT testing:**

- |  |   |
|--|---|
| <input type="checkbox"/> Pre-Employment/Pre-Duty | <input type="checkbox"/> Return to Duty       |
| <input type="checkbox"/> Random                  | <input type="checkbox"/> Post-Accident        |
| <input type="checkbox"/> Follow-up               | <input type="checkbox"/> Reasonable Suspicion |

Special Testing Instructions: ☐ normal collection ☐ \_\_\_\_\_

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***INSTRUCTIONS TO CLINIC REPRESENTATIVE  
DO NOT TURN THIS DONOR AWAY!***

**Designated Employer Representative (DER)**

Send employer copy of drug testing chain of custody and/or breath alcohol testing form to:

**Becky Crowl**

**Kansas Department of Transportation**

Bureau of Personnel Services, ESOB

700 SW Harrison; Topeka, KS 66603-3754

Phone: 785.296.0434

Secured Fax: 785.368.6570

Email: [becky@ksdot.org](mailto:becky@ksdot.org)

You have been set up as a collection site for the above referenced customer. Please collect this donor's drug screen and/or alcohol sample using the previously shipped, customer specific Chain of Custody forms and the previously faxed procedures and protocol.

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***DO NOT BILL THE DONOR OR THE CUSTOMER***

You will be paid by University Services. These arrangements have been discussed at the time of the customer set-up with your facility. Should you have any questions, please contact Colleen Ward at (800)624-3784.

**LabCorp Laboratory**

1904 Alexander Drive

Research Triangle Park, NC 27709

Phone: 800.800.4522

**Please contact Colleen Ward @ (800)624-3784 for:**

supplies of pre-printed chain of custody forms, billing info, and collection protocol .

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**FAX MRO COPY OF DRUG TEST CHAIN OF CUSTODY TO  
UNIVERSITY SERVICES WITHIN 24 HOURS OF COLLECTION**

**Ben Gerson, MD**

**University Services**

10551 Decatur Road, Suite 200

Philadelphia, PA 19154

Toll Free Phone: 800.624.3784

Phone Number: 215.637.6800

Fax # 215.637.6998

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**KDOT Area Contact:** (for questions regarding the appointment date and time)

Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Phone: \_\_\_\_\_

Distribution: Original to Collection Site (carried by donor)

Copy to KDOT, Bureau of Personnel Services (fax and e-mail accepted)

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